

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)		09781153		02-17-01		
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51						
2		/				52						
3		/				53						
4		/				54						
5		/				55						
6		/				56						
7		/				57						
8		/				58						
9		/				59						
10		/				60						
11		/				61						
12		/				62						
13		/				63						
14		/				64						
15		/				65						
16		/				66						
17		/				67						
18	/					68						
19	/					69						
20		/				70						
21		/				71						
22		/				72						
23		/				73						
24		/				74						
25	/					75						
26	/					76						
27		/				77						
28		/				78						
29		/				79						
30		/				80						
31		/				81						
32		/				82						
33		/				83						
34	/					84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	6					TOTAL IND.						
TOTAL DEP.	28					TOTAL DEP.						
TOTAL CLAIMS	34					TOTAL CLAIMS						